



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

MORTGAGE BROKER LICENSE APPLICATION

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through - 110. (Supp. 2004)

www.state.sc.us/consumer
803-734-4236/800-922-1594

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

See Application Instructions. Please Type or Print Legibly In Ink.

DO NOT FAX THIS FORM

Full Company
Name: _____

Federal Tax ID No. _____

(If you are a sole proprietor and have no employees disregard)

d/b/a _____

Mailing Address: _____

Street Address, City, State and Zip

Physical Address: _____

Street Address, City, State and Zip

Telephone: _____

Fax: _____

E-Mail Address: _____

In order for your application to be processed, complete all of the following questions. Incomplete information could result in delay or denial of your application. This form, as well as, each supplemental form must be notarized.

1. Company name as displayed to public (d/b/a): _____

Legal Company Name: _____

2. Current Business Type: ☐ Sole proprietorship ☐ Partnership ☐ Limited liability company ☐ Corporation

3. List all owners*, partners*, members*, principal officers* and shareholders. (Each MUST complete a separate Supplemental Form A and pay for a criminal records check currently \$25 per person.) For each officer state ownership interest as a percentage in the corporation.

(*must meet requirements of Section 40-58-50(c))

4. Main office mailing address and phone number: (Also complete a Supplemental Form B1)

5. South Carolina office physical address(es) (Also complete a Supplemental Form B1)

6. List all business locations. (Main, branches, and satellites) (A separate Supplemental Form B1 for main or branch; B2 for satellites) is required for each and every location, including the main location). _____

7. Company's website and e-mail address, if applicable. _____

8. How long has this business been in existence? _____

9. List any and all other names under which you have done business. _____

10. Give filer's full name, physical and mailing address, and telephone number. _____

11. Describe the mortgage brokerage activities of your business : _____

12. Describe your reasonably related business activities. For example, real estate agent, financial consultant, supervised lender, etc: _____

13. Are you licensed as a mortgage broker in any other state? YES ☐ NO ☐
If so, list state, address of licensing authority, and your license number. _____
14. Has your license as a mortgage broker or mortgage lender/ banker been revoked or suspended in any other state?
YES ☐ NO ☐
If so, attach an explanation of details and disposition of the matter.
15. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in South Carolina or any other jurisdiction? YES ☐ NO ☐
Provide details including the name of the profession and the licensing agency.

I swear or affirm and certify that I have completed and/or reviewed all information in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. I further certify that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of my application or license and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Signature of person completing the form

Notary Public For _____

My Commission Expires: _____

Print name, Business Relationship or Title